

Name: _____
Tel. No.: _____

CORPORATE ACCOUNT
POSTAGE AND FEES PAID
L001108
Oct. 1994



**EXPRESS
MAIL**

UNITED STATES POSTAL SERVICE

www.usps.gov



UNITED STATES POSTAL SERVICE®

ORIGIN (POSTAL USE ONLY)

POST OFFICE TO ADDRESSEE

DELIVERY (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery	First Rate Envelope
085702	<input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>
Date in	Postage	
Mo. 12 Day 11 Year 01		
Time in	Return Receipt Fee	
Mo. 12 Day 11 Year 01		
Time in		
AM <input type="checkbox"/> PM <input type="checkbox"/>		
Weight	Int'l Alpha Country Code	COD Fee
lbs. 025		
No Delivery	Acceptance Clerk Initials	Insurance Fee
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
	Total Postage & Fees	
	\$ 1.14	

Delivery Attempt	Time	Employee Signature
Mo. 12 Day 11 Year 01	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Delivery Attempt	Time	Employee Signature
Mo. 12 Day 11 Year 01	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Delivery Date	Time	Employee Signature
Mo. 12 Day 11 Year 01	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Delivery Date	Time	Employee Signature
Mo. 12 Day 11 Year 01	AM <input type="checkbox"/> PM <input type="checkbox"/>	
<input type="checkbox"/> WAIVER OF SIGNATURE (Postage Only) Insurance is void if waiver of signature is requested. (With delivery, the signature of addressee or agent, if delivery is requested, must be obtained in person, location, and I authorize that delivery employee's signature on the label is the only signature of delivery)		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Customer Signature		

Addressee Copy

Label 11-B May 2001

CUSTOMER USE ONLY

TO FILE A CLAIM FOR DAMAGE OR LOSS OF CONTENTS, YOU MUST PRESENT THE ARTICLE, CONTAINER AND PACKAGING TO THE USPS FOR INSPECTION.

FROM: (PLEASE PRINT)

PHONE 520

802-742371

10/009326

Rayen, Soloway, Hennassey,
Grossman & Hage, PC
130 N. Guebelin Street
Tucson, AZ 85701

RECEIVEDS P.

USPTO MAIL CENTER
BOX 907
WASHINGTON, DC 20540

DEC 01 2001
MAIL CENTER
WASHINGTON, DC 20540

EXPRESS MAIL LABEL DATE

FOR PICKUP OR TRAC

CALL 1-800-222-1811

WWW.USPS



BEST AVAILABLE COPY

RECEIPT
REQUESTED

RECEIPT
REQUESTED